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APPLICANTS

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** CONTINUING DATA ***** *not* *L.B.*** FOREIGN APPLICATIONS ***** *not* *L.B.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 4	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and <i>Robert B. Smith</i> <i>L.B.</i> Acknowledged Examiner's Signature Initials				

ADDRESS

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TITLE

System and method for positioning an implantable medical device within a body

FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/>
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